

Date: Wednesday, 23/07/2008 9:15:39 AM
 User: Julie Lecocq

Process Sheet

Customer : CC-DAR01 Dart Aerospace Ltd. Drawing Name : D350-636-101
 Job Number : 40715
 Estimate Number : 10804
 P.O. Number :
 This Issue : 23/07/2008 S.O. No. :
 Prsht Rev. : NC Part Number : D350636101
 First Issue : / / Type : SMALL /MED FAB Drawing Number : R08-063
 Previous Run : 00015 Material :
 Due Date : 30/07/2008 Qty: 2 Um: Each
 Written By :
 Checked & Approved By : JO 08.7.23
 Comment :

Additional Product

Job Number:



Seq. #: Machine Or Operation: Description :

1.0 D350636101 Toe Step, LH/RH



Comment: Qty.: 1.0000 Each(s)/Unit Total : 2.0000 Each(s)

Toe Step, LH/RH

Original B26089 @ CHG001

2.0 QC5 INSPECT WORK TO CURRENT STEP



Comment: INSPECT WORK TO CURRENT STEP

3.0 PACKAGING 1 PACKAGING RESOURCE #1



Comment: PACKAGING RESOURCE #1

-New labels with the new batch # required. CHG 001

-Re-identify the box with new labels, and parts.

-Return to stock

Location: FG

4.0 QC21 FINAL INSPECTION/W/O RELEASE



Comment: FINAL INSPECTION/W/O RELEASE

Job Completion



U 08.07.23

| | | | | | |
|-------------|--------------------|-----------------------------------|-----------|--|--|
| DART | | TRANSPORT CANADA APPROVAL # 09-89 | | TEL: 1-613-632-3336 FAX: 1-613-632-4443 | |
| P/N | D350-636-101 | CHG | CHG001 | | |
| DESC. | Toe Step Kit LH/RH | STC | SH99-7 | | |
| LOT | B26089 | STC | SR00646SE | | |
| MODEL | AS350/355 | STC | SR00646SE | | |

| | | | | | |
|-------------|--------------------|--------------------------------|-----------|--|--|
| DART | | ISPORT CANADA APPROVAL # 09-89 | | TEL: 1-613-632-3336 FAX: 1-613-632-4443 | |
| I | D350-636-101 | CHG | CHG001 | | |
| C | Toe Step Kit LH/RH | STC | SH99-7 | | |
| T | B26089 | STC | SR00646SE | | |
| EL | AS350/355 | STC | SR00646SE | | |

MADE IN CANADA

| W/O: | | WORK ORDER CHANGES | | | | | |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE | By | Date | Qty | Approval Chief Eng / Prod Mgr | Approval QC Inspector |
| | | | | | | | |
| | | | | | | | |

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

QA: N/C Closed: _____ Date: _____

| NCR: | | WORK ORDER NON-CONFORMANCE (NCR) | | | | | | |
|------|------|----------------------------------|--------------------------------|---------------------------------|----------------|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC Section A | Corrective Action Section B | | | Verification Section C | Approval Chief Eng | Approval QC Inspector |
| | | | Initial Chief Eng | Action Description Chief Eng | Sign & Date | | | |
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NOTE: Date & initial all entries

CUSTOMER RETURN

#R 08-063

| Initiator: <u>Jean Kerr</u> Company: <u>Helinet Aviation Services Inc.</u> Phone No.: <u>CHNE 701</u> <u>1-818-779-1737</u> | | Date: <u>08/07/09</u> Invoice # <u>6903</u> Order Entry # <u>6451</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------------------------------|--|---|--|-------------|--------------|----------|--------------|--------|----------------------------|--|---------|-------|----------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|---------|---------|-------------------------|--|--------------------------------------|-------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|---|--|
| Reason for return: <u>Following this order</u> <u>Already in their inventory.</u> | | Attach Copy of DHS Return Authorization # <u>436</u> <u>customer realized steps were</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Receiving: <u>8/7/21</u> Freight Company: <u>FedEx</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Distribute to QC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Condition of packaging: <u>Good</u> Photograph required: yes <input type="checkbox"/> no <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Paperwork attached: P/S <input checked="" type="checkbox"/> Invoice <input type="checkbox"/> ARC <input type="checkbox"/> Docs <input type="checkbox"/> Other <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| QC: Quarantine: Location: <u> </u> Condition of Part: <u>Good</u> Inspect: Initial: <u> </u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <u> </u> | <u>90715</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| REFERENCE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Issue credit: yes <input type="checkbox"/> no <input type="checkbox"/> GM Approval: <u> </u> Date: <u> </u> | | | Invoice Amount: <u> </u> Less Replacement: <u> </u> Restock Fee: <u> </u> Freight: <u> </u> Net Credit: <u> </u> DHS <input type="checkbox"/> Customer <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| QA: Enter into Q-Pulse with reason for return & File original. Signed: <u> </u> Date: <u> </u> Copy of Customer Return to stay with work orders and another copy to be filed with customer credit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |